

<b>CLAIM FOR INJURY OR DEATH</b>																						
<b>1. Submit To Appropriate Federal Agency:</b> OFFICE OF THE JUDGE ADVOCATE GENERAL TORT CLAIMS UNIT NORFOLK 9620 MARYLAND AVENUE, SUITE 205 NORFOLK, VA 23511-2949		<b>2. Name, Address of claimant and claimant's attorney, if any. (See instructions.)</b> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Claimant</b>            Andrew Straw            940 N. Lincoln Street            Apt or Suite            Denver CO 80203         </td> <td style="width:50%; vertical-align: top;"> <b>Attorney</b>            Aimee Wagstaff            940 N. Lincoln Street            Atty Suite            Denver CO 80203         </td> </tr> </table>		<b>Claimant</b> Andrew Straw 940 N. Lincoln Street Apt or Suite Denver CO 80203	<b>Attorney</b> Aimee Wagstaff 940 N. Lincoln Street Atty Suite Denver CO 80203																	
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<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> 03/19/1969	<b>5. MARITAL STATUS</b> Select One	<b>6. DATE AND DAY OF ACCIDENT</b> Start 12/01/1968 End 07/31/1970 <input checked="" type="checkbox"/> Estimated	<b>7. TIME (A.M. or P.M.)</b> N/A																		
<b>8a. BASIS OF CLAIM</b> Please select your status at the time of exposure to the water at Camp Lejeune. (Statuses with an asterisk (*) require additional information. For Civilian Military Dependents, provide the full name of your sponsor. For Civilian Employees Working for a Private Company on Base, provide the name of your employer. For In Utero Injuries, provide the full name of your mother, at the time of your birth.)  Civilian Additional Information: Father: Phillip U.D. Straw; Mother: Sandra K. Isaacs Straw																						
<b>8b. At the time of exposure where did you reside? (Check one)</b> <input type="checkbox"/> Tarawa Terrace Housing <input type="checkbox"/> Hospital Point Housing <input type="checkbox"/> Other On Base Housing <input checked="" type="checkbox"/> Outside of Camp Lejeune																						
<b>8c. At the time of exposure, did you work at the Hadnot Point Industrial Area in Camp Lejeune?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
<b>8d. Select the Nature of Your Injury.</b> Personal Injury Caused by Exposure to Water at Marine Base Camp Lejeune.																						
<b>8e. If you selected "Other" in 8d, describe the nature of your injury.</b>																						
<b>9. PROPERTY DAMAGE</b> NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)  N/A																						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)  N/A																						
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b> STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. (Check all that apply) <table style="width:100%;"> <tr> <td><input type="checkbox"/> Bladder Cancer</td> <td><input type="checkbox"/> Multiple Myeloma</td> <td><input type="checkbox"/> Other Kidney Diseases</td> <td><input checked="" type="checkbox"/> Other (Please explain)</td> </tr> <tr> <td><input type="checkbox"/> Kidney Cancer</td> <td><input type="checkbox"/> Parkinson's Disease</td> <td><input type="checkbox"/> Systematic Sclerosis/ Scleroderma</td> <td rowspan="3">Claimant was diagnosed with a severe infant brain injury and significant neurobehavioral effects amongst other health ailments and issues.</td> </tr> <tr> <td><input type="checkbox"/> Liver Cancer</td> <td><input type="checkbox"/> Non-Hodgkin's Lymphoma</td> <td><input type="checkbox"/> Aplastic Anemia &amp; Other Myelodysplastic Syndromes</td> </tr> <tr> <td><input type="checkbox"/> Adult Leukemia</td> <td><input type="checkbox"/> Cardiac Defect</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Childhood Leukemia</td> <td></td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Bladder Cancer	<input type="checkbox"/> Multiple Myeloma	<input type="checkbox"/> Other Kidney Diseases	<input checked="" type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Kidney Cancer	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Systematic Sclerosis/ Scleroderma	Claimant was diagnosed with a severe infant brain injury and significant neurobehavioral effects amongst other health ailments and issues.	<input type="checkbox"/> Liver Cancer	<input type="checkbox"/> Non-Hodgkin's Lymphoma	<input type="checkbox"/> Aplastic Anemia & Other Myelodysplastic Syndromes	<input type="checkbox"/> Adult Leukemia	<input type="checkbox"/> Cardiac Defect		<input type="checkbox"/> Childhood Leukemia			
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<b>11. AGENTS AND OTHER REPRESENTATIVES</b> <input checked="" type="checkbox"/> I am filing this claim on behalf of myself. (Skip to Block 12)																						
<b>NAME</b>  If you are filing on behalf of an estate or another person, please list your information: Agent First Name Agent Last Name (An authorized agent must provide evidence establishing express authority to act for claimant, showing title/legal capacity of person signing with evidence of authority to present a claim. Please attach document with your claim form.)		<b>AGENT CAPACITY AND ADDRESS</b> Agent Capacity Select One (If Applicable) (* If you are representing an estate provide the date of the claimant's death): Agent Address Agent Street Address Agent Suite or Apt Agent City Zip Agent Phone Agent Email																				
<b>12. (See instructions ) AMOUNT OF CLAIM (In dollars)</b> <table style="width:100%;"> <tr> <td style="width:25%;">12a. PROPERTY DAMAGE</td> <td style="width:25%;">12b. PERSONAL INJURY</td> <td style="width:25%;">12c. WRONGFUL DEATH</td> <td style="width:25%;">12d. TOTAL (Failure to specify may cause forfeiture of your rights.)</td> </tr> <tr> <td>N/A</td> <td>\$ 51,000,000.00</td> <td>\$ 0.00</td> <td>\$ 51,000,000.00</td> </tr> </table>					12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)	N/A	\$ 51,000,000.00	\$ 0.00	\$ 51,000,000.00										
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<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>																						
<b>13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)</b> Andrew U. D. Straw Digitally signed by Andrew U. D. Straw Date: 2022.08.17 11:05:52 -05'00' Claimant (Filing for Self)		<b>13b. Phone number of signatory</b> Claimant: Attorney: (303) 376-6360		<b>14. DATE OF CLAIM (MMDDYYYY)</b> 08/17/2022																		
<b>15a. Claimant Email Address</b>  <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b> The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		<b>15b. Attorney Email Address</b> awagstaff@wagstafflawfirm.com  <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b> Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)																				





DEPARTMENT OF THE NAVY  
OFFICE OF THE JUDGE ADVOCATE GENERAL  
TORT CLAIMS UNIT NORFOLK  
9620 MARYLAND AVENUE SUITE 205  
NORFOLK VA 23511-2949

5890  
Ser CLS23-004519  
February 10, 2023

**VIA ELECTRONIC MAIL**

AIMEE WAGSTAFF  
WAGSTAFF LAW FIRM  
DENVER COLORADO 80203  
AWAGSTAFF@WAGSTAFFLAWFIRM.COM

Dear Aimee Wagstaff:

SUBJECT: CLJA CLAIM SUBMISSION DATED AUGUST 17, 2022  
CLJA CLAIMANT: ANDREW STRAW  
DON CLAIM NO.: CLS23-004519  
FIRM FILE NO.:

This letter is in regards to the Personal Injury submission alleging damages caused by exposure to contaminated water at Marine Corps Base Camp Lejeune. The claim was received in this office on August 17, 2022.

The submission has been reviewed and has been determined that it does constitute a properly presented claim. At the time of this letter, additional information is not immediately required, however, in accordance with 28 C.F.R. § 14.4 and 32 C.F.R. § 750.27 claimants are required to comply with any future requests for information.

Please take note, if a submission purports to file multiple claims on a single claim form in violation of 32 CFR § 750.6, the additional claim(s) are not deemed to be properly presented. For example, if a properly presented claim for personal injuries due to first-hand exposure includes additional facts, circumstances, or allegations that may indicate more than one actionable claim; such as the wrongful death of a spouse, loss of consortium, or damages listed on behalf of a party who is not the named claimant, the additional potential claims will not be considered to be submitted and the two-year statute of limitations will continue to run on the other potentially actionable claims.

Please take further note, if a claim for personal injuries listing either miscarriage or stillbirth is filed, the fetus will be presumed to be non-viable under the laws of North Carolina and the personal injury claim will be deemed to be properly presented. If during the course of the DONs investigation, it is determined that the fetus was viable at the time of death, the claim may be denied.

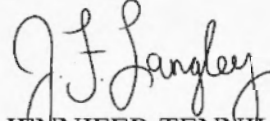
5890

Ser CLS23-004519

February 10, 2023

If you require further assistance, please contact the TCU office by phone at (757) 341-4583 or email at [CLclaims@us.navy.mil](mailto:CLclaims@us.navy.mil).

Sincerely,



JENNIFER TENNILE LANGLEY

Department of the Navy

Tort Claims Attorney

cc: [CLCLAIMS@WAGSTAFFLAWFIRM.COM](mailto:CLCLAIMS@WAGSTAFFLAWFIRM.COM)